87 Nepperhan Ave Room 212 Yonkers, NY 10701

CITY OF YONKERS KEYMAKER LICENSE APPLICATION

Phone: 914-377-6808 Fax: 914-377-6811 Website: www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM								
lf	Please Note: If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.							
R	Requirements:							
1.	Application and Police Department Affidavit must be signed by the applicant before a Notary Public.							
2.	. Provide two (2) passport-sized photographs taken within (30) days of application date.							
3.	Return all required documents to the Office of Licensing/Consumer Protection, who shall forward application to the Commissioner of Police for approval prior to licensing.							
4.	. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.							
5.	. Provide the names, addresses, and telephone numbers of five (5) character references along with application.							
6.	A U.S. Postal Money Order in the amount of \$125.00, made out to City of Yonkers, (for the fingerprinting/ background process done by the Yonkers Police Department), must be submitted with application. The Yonkers Special Investigations Unit will contact you to set up an appointment to complete the fingerprinting process.							
LICENSING FEES AND EXPIRATION DATE								
\$1	\$150.00/term License expires February 28th following date of issuance.							
FIVE (5) CHARACTER REFERENCES								
NAME		ADDRESS		PHONE #				

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:		Social Security #:						
Address:								
City:		State:		Zip:				
Home Phone #:		Cell #:	E-mail:					
Date of Birth: Sex:		Height:	Hair Color:		Eye Color:			
Are you a citizen of the Unite								
If not, please provide a copy of your INS A Card and #:								
Type of Business (if incorporation, please state):								
Address:		State:	2	Zip:				
Telephone: E-n			E-mail:					
Have you ever been arrested or convicted of a crime?								
If yes, explain:								
License #:	Date	Issued:						

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I, the foregoing application are true thirty (30) days of the date of this	_, being duly sworn, deposes and says that all of the answers in e, and that the photographs attached hereto were taken within s application.
Signature/Date:	Print name:
Notary Public	
FOR POLICE DEPARTMENT U	<u>SE</u>
A search of the files in our Burea Subject's application is forwarde	au of Criminal Identification was negative relative to subject.
Police Investigation Report estable found that should prohibit the gra	olishes that at the time of the background check, nothing was anting of a license.
Case number	
Signature of Police Commission	er: Date:



City of Yonkers

POLICE DEPARTMENT

104 South Broadway Yonkers, New York 10701 377-7235

STATE OF N	IEW YORK)					
COUNTY OF	EW YORK F WESTCHESTER)	SS:				
CITY OF YO)					
I,							
Being duly sv	vorn, depose and stat	e that I a	ım	years of age, being born on the			
day of	, _	, i	n the Ci	ty/Town/Village of			
			, in the S	State of			
I presently res	side at						
in the City/To	own/Village						
State of	tate of, with my						
I am presently	y employed as a						
by							
I do h	ereby solemnly swea	r under o	oath that	I have never been arrested or convicted of			
any crime, an	ywhere or at any tim	e.					
I mak	e this statement with	full knov	wledge t	hat if same is not the truth, I will be liable			
to the crimina	al charge of perjury for	or giving	false in	formation.			
			Signe	d:			
			Witne	ess:			
			Witne	ess:			
SUBSCRIBE	D AND SWORN TO) BEFOR	RE ME				
THIS	DAY OF	, 20)				